Adopted: 9/9/2020 Effective Date: 1/3/2021

VIRGINIA BOARD OF PHARMACY

Pharmacist Emergency Contraception Statewide Protocol

A pharmacist may issue a prescription to initiate treatment with, dispense, or administer the following drugs and devices to persons 18 years of age or older:

• Self-administered hormonal emergency contraception (EC) provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use.

PHARMACIST EDUCATION AND TRAINING

Prior to issuing a prescription to initiate treatment with, or dispensing of a self-administered hormonal EC under this protocol, the pharmacist shall be knowledgeable of the manufacturer's instructions for use or standard protocol and shall have completed at least one hour of continuing education specific to the prescribing of EC.

PATIENT INCLUSION CRITERIA

Patients eligible for self-administered hormonal EC under this protocol:

• An individual, 18 years of age or older, who has completed the *Virginia Emergency Contraception Self-Screening Questionnaire** indicating the last day of unprotected intercourse was within the previous 5 days (120 hours) and who the pharmacist has determined is eligible for a hormonal emergency contraceptive, consistent with the most current version of the Centers for Disease Control and Prevention *US Medical Eligibility Criteria for Contraceptive Use, Classifications for Emergency Contraception.*

*Note: A pharmacy may create and use an electronic emergency contraception self-screening questionnaire if the collection of patient information and assessment process is identical to the Virginia Emergency Contraception Self-Screening Questionnaire.

PROCESS FOR HANDLING INELIGIBLE PATIENTS

Patients identified by the pharmacist to NOT be eligible for EC shall be referred to a healthcare practitioner and may not receive EC under this statewide protocol. If the patient does not have a primary care provider, the pharmacist shall provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located.

DRUG INCLUSION CRITERIA

The following drug formulations are included in this EC statewide protocol:

Dedicated Approved EC – One Tablet Regimens

Plan B One-Step	1 tablet	1.5mg levonorgestrel	OTC
Levonorgestrel	1 tablet	1.5mg levonorgestrel	OTC
Next Choice One Dose	1 tablet	1.5mg levonorgestrel	OTC
Ella	1 tablet	30mg ulipristal	Rx only

Adopted: 9/9/2020 Effective Date: 1/3/2021

In addition to the products specified in the above chart, generic equivalent products may be prescribed and dispensed.

Oral Contraceptive Pills

Brand	Tablets per dose	Ethinyl	Levonorgestrel	Status
	(2 doses 12 hours	Estradiol per	per dose (mg)*	
	apart*)	dose (mcg)		
Alesse	5 pink tablets	100	0.50	Rx only
Aviane	5 orange tablets	100	0.5	Rx only
Levlen	4 light-orange	120	0.6	Rx only
	tablets			
Levlite	5 pink tablets	100	0.5	Rx only
Levora	4 white tablets	120	0.60	Rx only
Lo/Ovral	4 white tablets	120	0.60	Rx only
Low-Ogestrel	4 white tablets	120	0.60	Rx only
Nordette	4 light-orange	120	0.60	Rx only
	tablets			
Ogestrel	2 white tablets	100	0.50	Rx only
Ovral	2 white tablets	100	0.50	Rx only
Tri-Levlen	4 yellow tablets	100	0.50	Rx only
Triphasil	4 yellow tablets	120	0.50	Rx only
Trivora	4 pink tablets	120	0.50	Rx only
Ovrette	20 yellow tablets	0	0.75	Rx only

^{*}The progestin in Ovral, Lo/Ovral, and Ovrette is norgestrol, which contains two isomers, only one of which (levonorgestrel) is bioactive; the amount of norgestrel in each dose is twice the amount of levonorgestrel.

In addition to the products specified in the above chart, generic equivalent products may be prescribed and dispensed. Estrogen containing regimens are not preferred and should be used only when other options are not available.

Anti-nausea Treatment Options for use with EC

Drug	Dose	Timing of Administration	Status
Meclizine	One or two 25mg	1 hour before first EC dose;	OTC
hydrochloride	tablets	repeat if needed in 24 hours	
(Dramamine II,			
Bonine)			
Diphenhydramine	One or two 25mg	1 hour before first EC dose;	OTC
hydrochloride	tablets or capsules	repeat as needed every 4-6	
(Benadryl)		hours	
Dimenhydrinate	One or two 50mg	30 minutes to 1 hour before	OTC
(Dramamine)	tablets or 4-8	first EC dose; repeat as	
	teaspoons liquid	needed every 4-6 hours	
Cyclizine	One 50mg tablet	30 minutes before first EC	OTC
hydrochloride	_	dose; repeat as needed every	
(Marezine)		4-6 hours	

Adopted: 9/9/2020 Effective Date: 1/3/2021

ADDITIONAL PRESCRIBING AND DISPENSING CONSIDERATIONS

- For women who weigh more than 165 lbs, levonorgestrel may be less effective than ulipristal acetate.*
- Levonorgestrel may be preferable for women who need EC due to missed or late pills, patch, or ring.*
- Starting hormonal birth control immediately after taking ulipristal acetate may make it ineffective.*
- For women with prescription insurance coverage, OTC drugs may be covered by the health carrier when prescribed for the patient.*
- Ella may be more effective if it has been more than 72 hours since the last day of unprotected intercourse.
- Pharmacist must counsel the patient on the proper use of the EC and side effects, to include providing written educational materials.

RECORDKEEPING

The pharmacist shall maintain records in accordance with Regulation 18 VAC 110-21-46.

NOTIFICATION OF PRIMARY CARE PROVIDER AND COUNSELING

- 1. If the pharmacist initiates treatment with or dispenses or administers a self-administered hormonal EC, the pharmacist shall notify the patient's primary care provider and obstetrician/gynecologist (OB/GYN). If the patient does not have a primary care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and, upon request, provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located; and,
- 2. Additionally, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears.

^{*}Per the American Society for Emergency Contraception.